

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

ADDRESS (number and street)

25 Massachusetts Avenue

Suite 700

☐ Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

7401

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00403881

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2008

through

01

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Trachtman

Signature of Treasurer

Electronically Filed by Richard Trachtman

Date

03

19

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		90712.79
(b) Cash on Hand at Beginning of Reporting Period .....	90712.79	
(c) Total Receipts (from Line 19) .....	17745.00	17745.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	108457.79	108457.79
7. Total Disbursements (from Line 31) .....	625.78	625.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	107832.01	107832.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11750.00	11750.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	5995.00	5995.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	17745.00	17745.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	17745.00	17745.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17745.00	17745.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17745.00	17745.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	625.78	625.78
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	625.78	625.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	625.78	625.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17745.00	17745.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17745.00	17745.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Sarah T Corley

Mailing Address 6204 Vernon Palmer Ct

City

McLean

State

VA

Zip Code

22101-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NextGen

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 27056218

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Paul A Gitman

Mailing Address 167 Executive Drive

City

New Hyde Park

State

NY

Zip Code

11040-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NSLTS Health System

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 27056232

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Steven M Lewis

Mailing Address 1725 South Street

City

Geneva

State

IL

Zip Code

60134-2584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steven M. Lewis, MD, SC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27094758

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Lawrence L Faltz

Mailing Address 29 Maplewood Street

City

Larchmont

State

NY

Zip Code

10538-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phelps Mem. Hospital Cent-  
er

Occupation

Physician/Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27094938

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joel S Levine

Mailing Address 3896 S Magnolia Way

City

Denver

State

CO

Zip Code

80237-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of CO School of Med-  
icine

Occupation

Professor of Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27098239

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Edward A Stehlik

Mailing Address 78 Devonshire Rd

City

Buffalo

State

NY

Zip Code

14223-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northtowns Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27098270

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jason M Goldman

Mailing Address 3100 Coral Hills Dr #308

City

Coral Springs

State

FL

Zip Code

33065-4138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: 27098310

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Edward D Harris, Jr.

Mailing Address 121 Peter Coutts Circle

City

Stanford

State

CA

Zip Code

94305-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanford University

Occupation  
Academic Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: 27098443

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Richard F LeBlond, M.D., M.A.

Mailing Address 200 Hawkins Dr  
01275-DPFP

City

Iowa City

State

IA

Zip Code

52242-1097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Iowa

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: 27098468

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

A.

Full Name (Last, First, Middle Initial)

Donna Sue Dolle

Mailing Address 3907 Diamond Grove Court

City

Houston

State

TX

Zip Code

77059-3714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: 27098470

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert M Greenfield

Mailing Address 139 Old Solomons Island Road

City

Annapolis

State

MD

Zip Code

21401-0904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenfield - CaputoOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 8

Transaction ID: 27115818

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sankey V Williams

Mailing Address 307 Brentford Road

City

Haverford

State

PA

Zip Code

19041-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of PennsylvaniaOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 8

Transaction ID: 27115823

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

David J Miner

Mailing Address 857 Haddam Quarter Road

City

Durham

State

CT

Zip Code

06422-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 8

Transaction ID: 27116032

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mindi S Garner

Mailing Address 2219 North Broadway

City

Pittsburg

State

KS

Zip Code

66762-2838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 1 / 2 0 0 8

Transaction ID: 27116051

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David E Galinsky

Mailing Address 267 Meetinghouse Lane

City

Merion Station

State

PA

Zip Code

19066-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Valley Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 8

Transaction ID: 27124523

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

James D Brosseau

Mailing Address 2505 Belmont Road

City

Grand Forks

State

ND

Zip Code

58201-7507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Altru Health System

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 8

Transaction ID: 27124527

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Cutler

Mailing Address 512 Hamilton Road

City

Merion Station

State

PA

Zip Code

19066-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 8

Transaction ID: 27124545

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dwight E Gurley

Mailing Address 10911 Adanak Circle

City

Eagle River

State

AK

Zip Code

99577-8323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Department of Veteran Affairs

Occupation  
Hospitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: 27128510

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Anil B Gopinath, MD FACP CP

Mailing Address 1808 Mullikin Drive

City

Champaign

State

IL

Zip Code

61822-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Government

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: 27128517

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Phyllis Guze

Mailing Address 679 Thayer Avenue

City

Los Angeles

State

CA

Zip Code

90024-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Department of Veterans Af-  
fairs

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: 27128548

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Laura Allendorf

Mailing Address 9009 Avis Court

City

Vienna

State

VA

Zip Code

22182-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
PAC consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 8

Transaction ID: 27131270

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard L Neubauer

Mailing Address 9681 Middlerock Way

City

Anchorage

State

AK

Zip Code

99507-7502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 8

Transaction ID: 27147211

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Gregory McKelvey, Sr.

Mailing Address 211 C DeSales Avenue

City

Mobile

State

AL

Zip Code

36607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Internal Medicine Center  
PC

Occupation  
Internist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 8

Transaction ID: 27153524

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Evelyn V Hess

Mailing Address 2916 Grandin Road

City

Cincinnati

State

OH

Zip Code

45208-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of Cincinnati Med  
Center

Occupation  
Professor of Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 8

Transaction ID: 27167135

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott W Yates

Mailing Address 6020 W Parker Rd Ste 420

City

Plano

State

TX

Zip Code

75093-8174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Executive Medi-  
cine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27175527

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Margaret M Spoerl

Mailing Address Advanced Healthcare  
12203 N Corporate Parkway

City

Mequon

State

WI

Zip Code

53092-3388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Healthcare

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27176023

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Roger W Bush

Mailing Address 3841 Cascadia Ave, S

City

Seattle

State

WA

Zip Code

98118-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Mason Medical Ce-  
nter

Occupation  
Internal Medicine Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 8

Transaction ID: 27219251

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Patricia E Sadler

Mailing Address 203 East Walnut Street

City

Clinton

State

SC

Zip Code

29325-2848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	8

Transaction ID: 27219325

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick E Turton

Mailing Address 4587 Camio Real

City

Sarasota

State

FL

Zip Code

34231-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	8

Transaction ID: 27220858

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

A Roland Spedale, Jr

Mailing Address 210 Westside Dr

City

Dothan

State

AL

Zip Code

36303-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Internal Medicine Associa-  
tes of DothanOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	8

Transaction ID: 27220914

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

11750.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40  
Post Office Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Merchant account service fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 27316434

Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

505.88

Merchant account service fee

**B.**

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40  
Post Office Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Merchant account service fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 27316925

Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

34.95

Merchant account service fee

**SUBTOTAL** of Disbursements This Page (optional) .....

540.83

**TOTAL** This Period (last page this line number only) .....

540.83